

St. Bartholomew's Hospital



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St. Bartholomew's Hospital Journal,

JUNE 1st, 1905.

"Æquam memento rebus in arduis
Servare mentem."—*Horace*, Book ii, Ode iii.

Editorial Notes.

WE go to press sadly this sunny month of June: for the JOURNAL has lost a friend, and St. Bartholomew's one of her most loyal sons. Dr. Eustace Talbot is no more. Words fail us when we would express our thoughts, for we have seldom heard of any more tragic end to a bright and promising career. Eustace Talbot was in perfect health on May 18th, talking merrily—as was his wont—in the Square, and advising us about this very number of the JOURNAL (for he was our predecessor in office, and still a keen member of the Publication Committee). On May 21st he was operated upon for appendicitis, from which he apparently rallied in a satisfactory manner. However, late on May 25th he relapsed, and died the following morning. If that be not tragedy enough, we will add that it was only on May 18th that he had become engaged to be married.

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WE cannot offer a greater tribute to his memory than by saying that on May 26th the whole Hospital wore an aspect of gloom—not only his personal friends (of whom no single man at St. Bartholomew's could claim more), but also those that knew him only by sight and reputation. The same expression was on everyone's face, the same words on everyone's lips.

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IT is not easy to estimate in words all that he has done for the Hospital which he loved so well. Ever since he joined St. Bartholomew's in 1896 he has supported it loyally

in work and play—a prominent member of the cricket team, an office-bearer in the Dramatic Club, President of the Abernethian Society, and finally, House Physician and Editor of this JOURNAL. More recently he took an active part in the social developments of the Students' Union. In fact, if it had not been for Eustace Talbot the foundation of the Students' Union would have been a thing of future rather than of past history; for, during the difficult months of organisation, he was at once the figure head and the Advisory Board of the students, tempering the enthusiasm of the promoters with his superior knowledge and sound judgment.

* * *

HIS present appointments at the Hospital were those of Casualty Physician and Assistant Curator of the Museum. He filled both of these positions with an inspiring enthusiasm, which made it a pleasure to work either with him or under him. For a short account of his personal character and abilities we refer our readers to the obituary notice in another column.

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WE know that we are but echoing the wishes of all Bartholomew's men when we beg to offer our deepest sympathies to his sorrowing parents, his other relatives, and to the lady so recently betrothed to him.

* * *

THE funeral took place on May 30th at his country home near Eden Bridge, in Kent. Among the many mourners there was a knot of his more intimate friends from St. Bartholomew's and Cambridge; and among the many beautiful wreaths there were tributes of affection from the Students' Union and the Publication Committee of the JOURNAL, as well as from the Visiting and Resident Staffs respectively. A simultaneous memorial service was conducted in the Hospital Church by the Rev. Wm. Ostle.

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ALREADY there are signs of activity on the site of the future Out-patient and Casualty Block, and it will not be long before the British workman gets thoroughly into his stride. We believe that we are not too sanguine in looking for the completion of the block during the winter session of 1906—witness the two temporary operating theatres which were only commenced two months ago and are now ready for occupation.

THE Rebuilding Fund has received a fresh lease of life. Last month we had barely enough to meet the contract price for the first block, namely, £95,000. At the present time there is well over £101,000 on the books.

IN addition to a handsome but anonymous donation of £1000 we must gratefully acknowledge £500 from G. W. C., £250 from A. R. Bowton-Knight, Esq., and several subscriptions of £100 and more, chiefly from anonymous subscribers.

SUCH anonymity is inspiring in these material days; and the philosopher should rejoice to hear that the three collecting boxes outside the Hospital gates often contain a few golden sovereigns in addition to the more abundant pence and half-crowns. These boxes are opened on the first day of each month, and have held as much as £10 after a month of fine weather.

IN connection with the Rebuilding Fund we are pleased to see that a presentation has been made to Sir Ernest Flower by the Governors and friends of the Hospital in recognition of his incalculable services during the past eighteen months as Honorary Secretary of the Special Appeal Fund. Sir Ernest, we all know, is a very busy man, but he has found time to come to the Hospital almost every day, and has directed the difficult business of the Appeal Office in a way that commands the wonder and admiration of every Bartholomew's man. Suffice it to say that he has been responsible for the raising of more than £100,000. The gift took the form of a handsome silver cup, an exact replica of the one made by Paul Lamerie in 1739, which is now in the possession of the Goldsmiths' Company.

VIEW Day this year was a bright and sunny function. The pretty flowers, the refreshing teas, the renewal of friendships, more than compensated for the general upset and disturbance of the natural order of things.

THE summer mid-sessional address to the Abernethian Society will be delivered on Thursday, June 8th, at 8 p.m., in the Medical Theatre, by Mr. Bruce Clarke. He has taken as his subject "The Surgeon and the Pathologist."

We hope to see a large audience, for we know that the address will be interesting.

THE Annual Sports of the Athletic Club will be held at Winchmore Hill, on Wednesday, June 14th. For full particulars we refer our readers to the club news in another column. We hope that a large number of competitors will enter for the events, and that many visitors will turn up, now that the function promises to be much more of a family gathering than used to be the case when the sports were held at Stamford Bridge.

THE Past and Present (Cricket and Tennis) matches have been wisely postponed till Thursday, June 22nd, which is a fortnight later than usual. This is always a great day of reunion of Bartholomew's men, and the expectation of a larger attendance this year than ever will probably be fulfilled if only the weather is favourable.

WITH the Junior Staff Summer Concert in prospect the Musical Society is very much in evidence at present. The Choral Society holds a practice every Monday evening at 8.30 p.m. under the able direction of Mr. Grandage, who would like to hear still a few more new male voices. The Orchestra continues its successful career. The concert is fixed for Friday, June 30th, at 7.30 p.m.

THE series of Decennial Club dinners will be held as usual this summer. Dates and places as follows:

Club.	Date.	Place.	Secretary.
4th and 5th ...			
6th ...	Wed., June 28th ...	Albion Hotel ...	Mr. Cumberbatch.
7th ...	Wed., July 5th ...	Trocadero ...	Mr. Bowlby.
8th ...	Wed., June 28th ...	Oddenino's ...	Mr. Waring.

SEVENTY-ONE candidates presented themselves for the Final Fellowship Examination of the Royal College of Surgeons, which we believe is a record number. Of these thirty-six passed, a higher percentage than on the occasion of the last examination. Thirteen gentlemen presented themselves from St. Bartholomew's, and we are pleased to state that nine of these were successful. To them we offer our most hearty congratulations. Their names are as follows:—T. Bates; Capt. T. H. Foulkes, I.M.S.; H. B. Mylvaganam; L. Noon; F. Norman; Capt. W. Selby, D.S.O., I.M.S.; F. Spreat; R. A. Walker; H. W. Wilson.

MR. MCADAM ECCLES has been appointed an Examiner in Surgery for the Society of Apothecaries.

WE congratulate Dr. Bedford Pierce on his recent election to the Fellowship of the Royal College of Physicians, and also Mr. T. P. Legg on obtaining the University medal at the B.S. examination of London University.

Obituaries.

EUSTACE TALBOT, M.A., M.B., B.C.Cantab.,
M.R.C.P.,

Casualty Physician to St. Bartholomew's Hospital and Assistant
Curator of the Museum.

Obiit May 26th, ætat 31.

THE facts of the sudden and tragic death of Dr. Eustace Talbot are recorded in the Editorial column. It is left for one of his friends to write of his career thus early blighted and of his personal qualities.

Eustace Talbot was educated at Winchester, where his singularly charming and attractive character received its preliminary training, and we are certain that Winchester

hæmoptysis to relinquish his appointment in order to go to Davos in search of health. After a very short time, however, he proved a credit to the open-air treatment and though he has been in the habit of returning to Davos for a month's holiday each year, he was not troubled again with any unfavourable symptoms. This experience enabled him to speak with authority on the Sanatorium treatment of early pulmonary tuberculosis, upon which he read a most instructive paper before the Abernethian Society in 1903, of which society he had been the president three years before. Doubtless, too, it was this experience that led him to study the incipient stages of this disease which gave considerable weight to his opinion on any suspected case. With regard to his other professional attainments he



may well be proud of him as one of her noblest alumni, who carried his school motto with him through life in word and deed. From school Eustace Talbot went to Trinity College, Cambridge, where he made many lasting friendships and distinguished himself in many different fields. He was editor of the *Granta*, an invaluable supporter of the A.D.C., and he served on the Committee of the Pitt Club, while in the athletic world he represented his college in cricket and the University in tennis.

In 1896 he came to St. Bartholomew's, where he at once commanded the respect of all, and the friendship of many of those with whom he came into contact. He qualified in 1898, and was soon afterwards appointed house physician under Sir William Church. After he had been in office for seven months, working with characteristic energy and enthusiasm, he was forced owing to an attack of

obtained the diploma of M.R.C.P. in 1901 but had not yet proceeded to his M.D. degree. In 1903 he was elected Assistant Physician to the Royal Hospital for Diseases of the Chest and Casualty Physician to St. Bartholomew's in the following year. He also held the post of medical examiner to the Sun Life Assurance Office, in which work he took a lively interest. He was naturally gifted with good powers of observation and with a sound judgment. He was also possessed of a rarer quality, namely, considerable clinical acumen, though his experience was still but small. This was very noticeable in the Casualty Department; for it was extraordinary how often his provisional diagnosis proved to be correct in those difficult cases, in which diagnosis at first sight is almost impossible.

He was well versed in general literature and did not confine his attention to the narrow sphere of medicine, but

was a man of the world and a student of human nature. He was a keen sportsman and always thoroughly enjoyed a cricket week in the summer or a day's golfing. He played with great regularity for the Past Cricket XI v. the Present in the annual function at Winchmore Hill.

In addition to the very prominent part which he took as a student in the social, intellectual, and athletic life of the Hospital he acted as editor of this JOURNAL for fully eighteen months, and bestowed a great deal of time and attention upon it.

His manner was frank and cheerful, and he was always ready to lend a helping hand or to do what was asked of him. His way of speaking both in conversation and in public was peculiarly happy, and his merry wit made him a delightful companion at all times. Perhaps one of his rarest qualities was the enviable enthusiasm which he put into his daily round of work, whether in the surgery or the Museum; for he loved his profession, and the drudgery of the Casualty Department seemed a pleasure to him. Indeed, his whole life at the Hospital seemed to be continuous sunshine, which he and all who knew him enjoyed to the full.

In conclusion, of no one could it have been more truly said that there was every prospect of a distinguished and happy future before him. The irony of Fate is strange! Just one year ago Eustace Talbot wrote in these columns of his friend James MacBryde, who died suddenly in the same way of the same disease—

"All must regret the promise that has been so early blighted. For those who knew him at Cambridge, or at the Hospital, there remains a more intimate and personal sorrow: for them there is only this consolation, that no mean act, no ill-tempered word, sullies the fair memory of his most charming companionship." How true these words are of our friend Eustace Talbot.

REGINALD BIGG, M.B., B.S., D.P.H. DURH.,
M.R.C.S., L.R.C.P.

ALL Bartholomew's men who knew Reggie Bigg will deeply regret to hear of his death from ulcerative endocarditis, after a short illness of three weeks, on April 13th. He was educated at Repton, and then entered St. Bartholomew's as a full student. He qualified for the Conjoint Board Diploma in 1900. In 1902 he obtained the Durham University degrees of M.B., B.S., and later took the D.P.H. with honours. While working for the degrees he was house surgeon to the Tynemouth Infirmary at North Shields, and afterwards was appointed medical officer to the Newcastle Dispensary and Demonstrator of Bacteriology and Comparative Pathology at Durham University. During his career at St. Bartholomew's Reggie Bigg made many friends, and those of us who knew him best can realise

what a staunch friend they have lost. His parents' house, Fenny Compton Rectory, Warwickshire, was always open for his friends, and many of us had there on several occasions the pleasure of meeting the Rev. Canon and Mrs. Bigg, who latterly left Fenny Compton for Christ Church, Oxford. Reggie Bigg at Repton was a good football player, and all country sports came naturally to him. During the last part of his time at Hospital he had to give up the more vigorous exercises owing to a weak heart. He was a very hard worker, passing all three parts of the Durham University degree in the shortest possible time. At Newcastle he had begun to do extremely good work in the scientific field of Medicine. He had especially worked at Bacteriology, and his prowess was acknowledged by his appointment to the demonstratorship. Had he been spared, he no doubt would have made a name to the outside world such as he leaves now in the hearts of his friends. He died, when nearly thirty years of age, at the house of his great friend Dr. S. Murray, at Newcastle-on-Tyne.

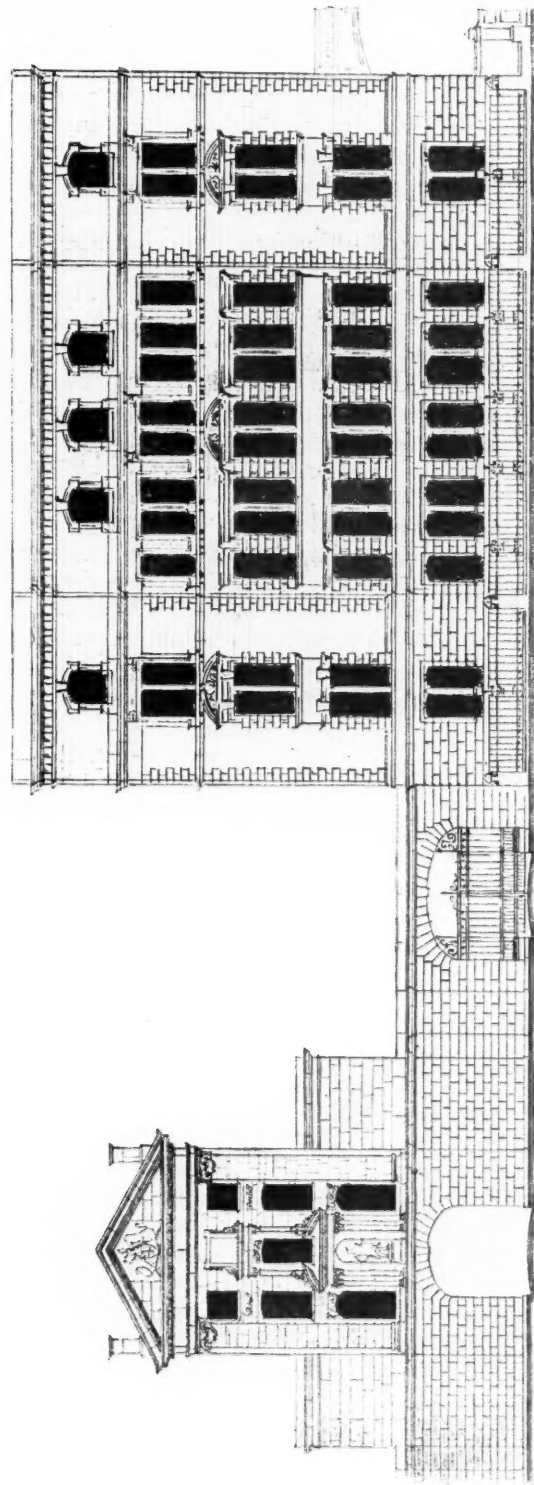
"For can I doubt, who knew thee keen
In intellect, with force and skill
To strive, to fashion, to fulfil
I doubt not what thou would'st have been."

The Pathological Block.

THE accompanying illustration is an elevation plan of the proposed Pathological Block as it will appear from Smithfield, when it is completed. The site will be readily recognised, for it lies between Henry VIII's gateway and the present Library and Medical School Buildings. There is no doubt that it promises to be a handsome structure, and it will be in perfect harmony with the present School buildings, and with the Out-patient and Casualty Block, which, at the present time, is in the builder's hands. As was stated in the last number of the JOURNAL, the Pathological block is to cost £20,000; and it will be seen from the minute of the House Committee, which we are privileged to publish below, that the Treasurer and Almoners, realising the urgent necessity of this block to the Hospital and the Medical School, have recommended to the Governors its *immediate erection*, if they can have some assurance of half the total cost of the building—that is £10,000. Perhaps no millionaire is forthcoming to do what is necessary, but surely some influential old Bartholomew's man can put the case in a sufficiently attractive form to touch the generosity of a wealthy philanthropist or a would-be benefactor of medical science. This should not be a difficult task at the present time, seeing that the policy of the Governors, as may be gathered even from this article, is so clear and decided, and efficiency is their watchword. However, to resume, if no millionaire is forth-

ST. BARTHOLOMEW'S HOSPITAL.

ELEVATIONS IN SMITHFIELD.



KING HENRY'S GATE.

PATHOLOGICAL BLOCK.

coming, it remains for us—Bartholomew's men, past and present—to redouble our energies. The money must be raised. It is useless to cry over spilt milk, and say that all the money that has been subscribed or collected by old Bartholomew's men ought to have been placed to the credit of this Pathological Fund. Certainly it ought, but the fact remains that only £1100 of it has been so assigned.

We are not asking too much. We fully recognise that some Bartholomew's men—unfortunately the minority—have done their duty nobly, and have supported their Hospital splendidly in its time of need, and to these we wish to return our hearty thanks for all that they have done in the past year, and particularly to those who have acted as local Secretaries, and have been instrumental in collecting large sums of money. But there are many, past and present alike, who have done nothing yet. There is no excuse now for any further delay. One block is already begun, and there is enough money to pay for its building; another block—equally important for the Hospital and the Medical School—will be commenced as soon as £9000 more can be raised. Therefore, we appeal to everyone either to subscribe or collect for the JOURNAL Pathological Fund. Collecting cards may be obtained on application to the Editor. Now is the right time to begin. *The Pathological Block must be completed before the commencement of the Winter Session, October, 1906.*

*Extract from the Minutes of House Committee Meeting,
April 13th, 1905.*

"The Committee had an interview with representatives of the Medical Council with reference to plans prepared by Mr. l'Anson for giving effect to the resolutions of this Committee, 15th December last, which plans, together with a report thereon, Mr. l'Anson now submitted. Reports from the Medical Council were also read.

"After considerable discussion it was intimated to the Council's representatives that the Treasurer and Almoners are disposed to recommend the Governors to erect a new permanent Pathological Block at an estimated cost of about £20,000, and to build, as an addition to that Block, suitable School offices, as requested by the Council's representatives, provided, and as soon as, the Council can assure the Governors of a sum of at least half the total cost of the entire building as special contributions to that object, but that the Treasurer and Almoners must defer coming to any final decision with regard to such a recommendation until they have been able to reconsider the matter, and until the plans have been further discussed by the Council in consultation with Mr. l'Anson and have been again submitted to them for approval."

The above minute was confirmed by the full Court of Governors on April 27th, 1905.

Notes.

THE Annual Distribution of Prizes will take place on Wednesday, July 12th. Lord Ludlow has kindly consented to give away the prizes. Invitations will be sent to all old Bartholomew's men in the London district, and the Warden will be pleased to send tickets to those in the provinces who apply for them.

* * *

WE have been asked by a correspondent to give the names of those old Bartholomew's men whose widows or sons are candidates for the Pensionerships or Foundation Scholarships in connection with Epsom College. There are four vacancies for Pensionerships this year, and the names of two Bartholomew's men are concerned:

- (1) The widow of Peter Swales, M.R.C.S., L.S.A., who practised for thirty-three years at Sheerness, and died in 1896 (second application).
- (2) George A. MacNutt, M.D.Brux., who practised for twenty-three years in Notting Hill and Dundee, and elsewhere, but is now incapacitated (first application).

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THE great increase in the number of operations that are performed daily in the Hospital has led to the necessity for adding to the Staff of Anæsthetists. We offer hearty congratulations to Messrs. W. F. Cross and H. E. G. Boyle on their election and prospective promotion to the Visiting Staff of the Hospital as Assistant Administrators of Anæsthetics. In consequence there will shortly be two vacancies for Resident Anæsthetists. Mr. Boyle has also been appointed a Demonstrator of Anæsthetics by the Medical School.


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As we go to press it is with deep regret that we hear of the sudden death of Mrs. Harrison Cripps on June 1st.

Clinical Odds and Ends.

By Dr. SAMUEL WEST.

CONCERNING CARDIAC PAIN.

ASES of cardiac pain fall into two categories. In the one the pain is felt, more or less, actually in the heart itself. In the other the pain is radiated or reflected, and, though originating in the heart, is felt as well elsewhere.

The heart-pain is connected with the distension or over-distension of its cavities. This is obvious and capable of easy demonstration where the pain develops during or immediately after great exertion, e.g. after running or rowing in a race. This may be called heart-strain or heart-sprain.

The heart, once sprained may, like any other strained muscle, remain weak and liable to pain with even slight effort for a long time after.

No sharp line can be drawn between these slight attacks of discomfort or pain and those more severe paroxysms, which, in an extreme degree, are called angina. Indeed, angina, in its agonising and paroxysmal character, closely resembles colic, and, as colic is produced by the unsuccessful attempt of an over-distended muscular organ to

empty itself against resistance. So angina may be well described as cardiac colic. As the pains of severe colic may not be confined to the distended organ, but be radiated and reflected to other parts, so it is not surprising that the same should occur in angina.

Thus we come to the second category of cardiac pain, the reflected or radiated group. Of this the most familiar instance is the pain felt in angina in the root of the neck and left shoulder, or down the left arm. Why the pain should usually be referred in this direction is not so clear, but it does not always take this course, for it may be felt in both arms alike, or sometimes in the right alone.

Usually it is when the left ventricle is the seat of distension that cardiac pain is felt. In mitral disease the pain is rarely so severe and much more limited in range, not extending far from the cardiac area, and radiating on a more horizontal plane into the axilla rather than upwards. I have tried to connect the varying distribution of the pain with the distension of the different cavities of the heart, but I have failed to discover any constant or general law.

One kind of reflected pain is sometimes met with in connection with left ventricle distension or failure which deserves mention, viz. great *cutaneous hyperæsthesia*. This may affect the whole præcordial region and some distance around it, and it may be so acute that the slightest touch produces exquisite distress, and percussion is impossible. A somewhat similar condition may be met with occasionally where there is acute pericarditis. It is then attributed to direct irritation of the branches of the intercostal nerves, but I have never seen it so pronounced as in the left ventricle cases I have mentioned. As in these there is no question of pericarditis, and, therefore, of direct irritation of the intercostal nerves, it must then be regarded as indirect and reflected. This condition is easily dealt with, for brushing the parts over freely with tinct. of aconite quickly allays it, and once removed it does not ordinarily recur.

IRREGULAR MANIFESTATIONS OF BACK PRESSURE FROM THE HEART.

When the heart fails, and backward or venous congestion occurs, the results usually show themselves earliest in the most distal parts. When œdema develops it occurs first round the ankles, then reaches the legs, then the abdomen, and finally the thorax. The friends often describe it graphically by saying the water came first in the legs, and gradually rose higher and higher till it reached the heart, and then the patient died. There are many exceptions to the order in which the signs of backward pressure develop. This may be illustrated by an india-rubber tube subjected to a distending force. It gives way most at the weakest spots. So in backward pressure special circumstances affecting some part of the body may make the signs most evident there. Thus the liver may be greatly enlarged and

very painful at the time when no œdema has appeared in the feet or fluid in the abdomen, and, with the occurrence of these, the enlargement of the liver may diminish. So, again, with the kidney. Backward congestion of the kidney often produces albuminuria, but not often in large amount. There may, however, be a great deal of albumen in the urine. I have seen as much as one half, two thirds, or even more, and so the question of chronic nephritis might arise. Time, however, brings the correct explanation, for, with the improved circulation, the albuminuria rapidly decreases or vanishes within a few days in a way which would have been impossible had there really been nephritis. So, again, fluid may appear in the pleura before much œdema has developed in the legs.

When the heart is recovering itself and the backward congestion diminishing, the signs may likewise disappear in an irregular fashion. Thus ascites may persist after the œdema of the legs has gone, until it is tapped, and then not recur. More remarkable instances occur in the pleura. I have met with cases in which the heart recovered itself, and all the signs of venous congestion disappeared except for a pleuritic effusion. This refused to go spontaneously, and had to be tapped, when it did not recur. Albuminuria is usually one of the first symptoms to disappear on recovery, but if it should persist for some time the kidneys are probably unsound.

The Transmission of Parasitic Diseases by Insects.

A paper read before the Abernethian Society on February 2nd, 1905.

By J. W. W. STEPHENS, M.D. Cantab.,

Walter Myers Lecturer on Tropical Medicine, University of Liverpool.

INSECTS form one of the *classes* into which the Arthropods are divided. They are characterised by the possession of a pair of antennæ and three pairs of legs. Among the insects we find the order Diptera, or flies, and it is with the Diptera and the diseases they convey that I purpose dealing.

Now parasitology, or the study of parasites and parasitic diseases, concerns itself with those diseases caused by animal parasites in distinction to bacteriology which concerns itself with vegetable parasites and the diseases caused by them. The study of parasitology has, within a few years, advanced so rapidly and extended its domain so extensively that already, for these reasons, it is a subject difficult for one person to grapple with, so that we find specialisation in its medical application, and we have the helminthologist who studies worms, the protozoologist who studies protozoa, dipterologist, flies, etc., who study the subject,

not solely from the scientific standpoint, but from the practical medical standpoint.

So rapid have been the discoveries in medical parasitology that I shall instance here only a few of the diseases transmitted by insects, leaving out of account the diseases, not a few, transmitted by other arthropods, such as ticks, *e.g.* the diseases caused by *Piroplasma*, such as *P. bovis* and *P. hominis*, and the tick fever of Uganda, due to spirilla and conveyed by ticks.

Now four of the most important diseases transmitted by insects are malaria, yellow fever, trypanosomiasis (including sleeping sickness), and filariasis. All diseases that we may fairly describe as tropical, and, indeed, diseases caused by animal parasites are, perhaps, characteristic of the maladies of tropical in contra-distinction to those of temperate climes.

Malaria is caused by the presence of a protozoan parasite in the blood. This parasite has two cycles of development. In the first it increases in size till it occupies practically the whole of the red cell, it then subdivides into a number of small bodies which escape from the red cell. These bodies, or so-called spores, are now for a time free in the plasma, and it is at this time, or thereabouts, that we get the rise in temperature of the febrile attack in malaria. The young spores then again invade the red cells, and so the cycle begins again—this is the cycle of multiplication or asexual cycle or cycle of *auto-infection*. But now under certain conditions, and possibly it is when the system has acquired a resistance to the parasite, and so the parasite finds its existence threatened, that a different mode of development is adopted. The parasites, instead of growing into a form, which is about to subdivide, grow up into two cells, differing slightly but characteristically in appearance, which are male and female cells, or, as they are called by zoologists, *gametes*, or, to be still more precise, *makrogametocyte* for the female cell, and *mikrogametocyte* for the male cell. So that we have, at a certain stage in the blood of a malarial patient, two different kinds of cells, *viz.* male and female gametes. These exist in all three species of malaria, simple tertian, malignant tertian, and quartan. In simple tertian and quartan they are round in form, whereas in malignant tertian they are crescentic, and so crescents are nothing else than gametes, which happen to have a crescentic shape. Now that is what we find in the blood at a certain stage of the disease, and so things remain until either the parasites are killed by quinine or a new factor is introduced. It is this new factor, a blood-sucking insect in this case—a mosquito—that gives the opportunity for further changes. As long as these gametes remain in the circulatory blood no changes occur, but when the mosquito bites, and the blood has entered the stomach, important changes occur. Both cells escape from the red blood-cell, and both, if not round before, now become round. The male cell throws out several processes or flagella, which are

practically speaking spermatozoa. They break loose, one of them pierces the female, and the result is a fertilised cell or zygote. I will not describe in detail the further changes in this; it is sufficient to say that this zygote, now in the stomach wall, grows, and, after ten days or a fortnight, splits up into a number of fine spindle-shaped bodies, about $14\ \mu$ long, which eventually get into the salivary gland of the mosquito. When the mosquito bites a fresh person these escape with the salivary secretion and enter the blood-stream and become changed into young parasites, so that we have reached the point from which we started. This cycle of the parasite in the mosquito is the sexual cycle, or reproductive cycle, or cycle of fresh infection; for it is only by this means that malaria can be conveyed to a healthy person. There is not the slightest ground for believing that malaria can be contracted in any other way except by the bite of an infected mosquito.

We see thus the all important rôle played by the mosquito in the transmission of malaria, the contagion is conveyed solely by the mosquito, and only after a period of seven to fourteen days has elapsed for development of the parasite in its tissues. Let us now consider the part played by the mosquito a little more closely. The family Culicidæ—mosquito or gnats—is divided into several sub-families—Anophelina, Culicina, etc. It is, however, only the mosquitoes in the sub-family Anophelina that are capable of transmitting malaria. Now the sub-family contains over eighty species, but we only know with certainty in the case of about ten that they actually do convey malaria. Of the rest we know nothing, except that in the case of one—widely spread in India and the east, and by some irony of fate this happens to be *A. rossii*—we know with fair certainty that it does *not* transmit malaria, for, so far, nobody has ever found this Anopheline infected in nature. This is a peculiar fact. We know, of course, that mosquitoes belonging to the sub-family *Culicina* will not convey malaria, and just as in the case of a larval stage of a worm, we have only one host in which it will develop, so also malaria parasites in the sexual stage will only develop in mosquitoes of the sub-family Anophelina. How restricted the number of species in this sub-family is remains still to be seen. I would insist further upon the point that mosquitoes only *transmit* malaria, they do not, so to speak, give malaria *de novo*, as I am afraid is the popular notion. Now it is worth considering for a moment what is the source of the malaria that the Anophelines transmit in the tropics to the European resident there. It was thought at first that the Anophelines transmitted the parasites from cases of fever among other Europeans, so that if your neighbour had fever you felt anxious about yourself when he was not shut up in a mosquito-proof room, but there was at hand a source of fever entirely unsuspected, and even at the present day not sufficiently recognised even by medical men in the tropics, and that is the native children. These, as you can imagine in the prolific tropical

regions, swarm everywhere—they are the common “piccin”—and although apparently in the rudest health, and in the most exuberant of spirits, if you examine their blood you will find that not uncommonly 100 per cent. contain malaria parasites. It is these children, especially those under ten years of age, that are the great source of malaria parasites, and are a most dangerous source of infection often fatal to the white man. There is one further aspect of the question: Where, in the tropics, do you find *Anopheles*? If you wish to collect them in hundreds or thousands it is the native hut that you would visit. Here they get shelter, darkness, and plenty of food (blood), and, most important fact of all, it is these *Anophelines* that become infected by the parasites in the children's blood, and it is these *Anophelines* that now can and do transmit malaria to the European whose bungalow is so frequently but unhappily, in Africa, situated in their midst. It is not then mosquitoes, as a whole, which are the cause of malaria, it is not, further, *Anophelines*, but solely and simply infected *Anophelines*, and these *Anophelines* are infected in the huts of the natives. Now, happily, this is being recognised, and the principle of segregation, or separate sites for Europeans, is being carried out steadily but surely. Already, at Freetown—“the white man's grave,”—they have a separate station for Europeans in the hills, and the ghastly sacrifices of white men, which have been made to malaria, are being diminished. The eradication of malaria from the native will not be accomplished in our day, and although this is our aim, it is none the less our duty to save Europeans from the deadly conditions under which they have heretofore lived.

I have digressed somewhat from my subject and must now return to insects. The next important disease conveyed by flies is yellow fever. Now, at the present time, the cause of yellow fever is unknown, yet it is practically certain that the disease is transmitted by certain mosquitoes. In this case the mosquito belongs to the sub-family *Culicina*, a different sub-family from that which conveys malaria, and the actual species concerned is known as *Stegomyia fasciata*. The data with regard to its transmission are the following:—A patient is infective for the mosquito not later than the sixth day of the fever. The incubation period in the mosquito is about thirteen days or longer; the incubation period in the healthy person submitted to the bites is about four days.

It is generally thought that yellow fever is contracted at night, for those who leave the towns in the afternoon when yellow fever is epidemic are said not to contract yellow fever. On the other hand *S. fasciata* is said to be a day-biting species, not biting at all at night. One of these statements is apparently wrong. That *Stegomyia* is the cause has been confirmed experimentally by many, and moreover Havana, it is stated, has been freed of yellow fever by destroying the *Stegomyia* there.

As a third example of diseases transmitted by flies, we

may consider the diseases caused by trypanosomes. There are numerous diseases among animals caused by trypanosomes, such as the Ngana of Zululand and other parts of Africa, the Surra of India, the Dourine of North Africa, the *mal de caderas* of South America, and very many others not so completely known. To this list we have unfortunately to add a trypanosome disease (or diseases) in man, which we may call trypanosomiasis, including under that designation also sleeping sickness. It has not, however, been proved in all these cases that flies are the means of contagion, but in the case of Ngana, the first of these to be elucidated, we know that the disease is transmitted by tsetse-flies, flies related to, and not so very unlike, the larger of our common house flies.

Surra of India is possibly conveyed by another family of flies, viz. horse flies or *Tabanidae*, for there are no tsetse-flies in India.

Dourine, which affects horses, is a peculiar trypanosome infection in that it would appear that the flies are not concerned at all, but that it is conveyed solely by *coitus*. Regarding *mal de caderas* there is also some uncertainty. It is thought by some to be conveyed by *Stomoxys*, the stable fly, belonging to the same family as the tsetse-flies.

Human trypanosomiasis, including sleeping sickness, is also transmitted by tsetse-flies. We may now consider how this transmission is brought about. To return to Ngana or tsetse-fly disease as it is called. All travellers in Africa are well aware of the tsetse-fly and its ravages, and how impossible it is to take horses through what is called the tsetse belt. What is the reason of this? The older observers from the time of Livingstone attributed the result to a poison introduced by the fly. Bruce showed that this so-called poison was in fact a protozoan, viz. a trypanosome.

How then does the fly become infected with trypanosomes? It was found that the big game harbour trypanosomes in their circulation without apparently suffering much. The flies follow and bite the big game, and so become infected themselves. The trypanosomes are then transmitted to non-immune animals, such as European horses, and the result is a fatal disease. The particular fly concerned in the transmission is *Glossina morsitans*. In this case, however, the conditions differ from those in malaria and yellow fever, for here no incubation period is necessary, and, in fact, after about forty-eight hours the fly is no longer capable of transmitting the disease. The transmission here is a direct one, and the evidence is against any developmental cycle proceeding in the fly. So that the proboscis of the fly acts somewhat the part of an inoculating needle.

In the case of human trypanosomiasis, sleeping sickness, the mode of transmission is similar. The particular species of fly here concerned is *G. palpalis*. Trypanosomiasis is a disease widely spread among the natives of the Congo, and Uganda more especially. The present state of our know-

ledge is the following: that all cases which, in the early stages may show no signs at all, except the presence of trypanosomes in the blood, yet eventually develop signs of sleeping sickness, and die. The disease is unknown in the absence of the fly. The habits of life of the native, and the abundance of tse'se-flies are conditions which determine the spread of the disease. The fact, too, that in the early stage the disease is difficult of detection, except microscopically—unless possibly enlargement of the cervical lymphatic glands may have a considerable diagnostic value—makes prophylactic measures based on isolation difficult.

Finally, I may briefly consider *Filariasis*.

Much work remains to be done on this subject. What we know so far refers mainly to the filaria of man, the embryos of which occur in the blood, and are known as *F. bancrofti*. Here, again, it is a mosquito which is the transmitter of the disease, or at least we can state this much. The embryos, on reaching the mosquito's stomach, penetrate the wall and develop in the mosquito's tissue, increasing in size, and eventually reaching the proboscis of the mosquito where they presumably escape when the mosquito again bites a fresh subject. Of course the actual experiment has not been tried, for filarial disease may have terrible results, such as elephantiasis. In the case of the dog, however, which harbours a filaria, *F. immitis*, there is a certain amount of evidence to show that this is the actual method. Four mosquitoes fed upon a dog containing embryos in the blood, were, after the lapse of sufficient time for these to develop in their tissues, allowed to bite a healthy dog. In this dog one or two immature adult worms were found.

In the case of filariasis, various mosquitoes appear to act as carriers, e.g. several species of *Culex*, and several species of *Anopheles*.

The Clubs.

STUDENTS' UNION.

A meeting of the Council was held in Mr. Tavell's rooms, on Monday, May 22nd, at 4.30 p.m. Dr. Herringham presided, and there were also present Dr. Morley Fletcher, Mr. Harmer, and Messrs. Burra, Hoskyn, Horner, Marshall, Griffin, Newton Davis, Trevor Davies, Phillips, Loughborough, and Miles.

Mr. Hoskyn submitted the report of a sub-committee which had been appointed to consider the advisability of lectures and discussions on non-medical subjects of general interest being arranged by the Students' Union. In accordance with the opinions expressed by this sub-committee it was unanimously resolved that meetings—not more than

six in the year—should be held, at which papers should be read on subjects of general interest, which should be followed by properly managed discussions. These meetings should be held in the Abernethian Room or one of the school theatres if the permission of the Medical School could be obtained. It was further recommended that two of the meetings be held in the Christmas session, two in the Easter, and one in the summer session; and that arrangements be made with the Abernethian Society authorities so that these papers do not clash with those of that Society. A sub-committee of three—Messrs. Hoskyn, Burra, and Griffin, with power to add two to their number—was appointed to consider the matter further, and to make arrangements for the meetings.

Messrs. N. C. Davis and S. Trevor Davies were appointed to represent the students of the Hospital at the conversazione to entertain the delegates at the congress of the London University students.

CRICKET CLUB.

ST. BART'S v. WANDERERS.

Played at Winchmore Hill on May 5th, resulting in a win for our opponents by 39 runs. The Hospital side was short of practice, but the fielding was a great improvement on former years. J. W. Bean bowled splendidly, taking 6 wickets for 54 runs, and had all the batsmen in difficulties. The batting was poor, lack of practice being the chief cause.

SCORES.

WANDERERS.		ST. BART'S.	
S. Coleman, c Way, b Bean	67	W. B. Griffin, c Beldam, b Barker	26
E. A. Beldam, b Bean	27	J. W. Bean, l-b-w Rose	9
T. A. Darke, b Bean	3	G. Viner, run out	3
A. E. Damian, c Adams, b Bean	0	G. H. Adam, b Barker	10
D. L. A. Jephson, b Page	4	E. de Verteuil, c and b Rose	0
K. E. M. Barker, c Griffin, b Bean	23	J. M. Smith, b Barker	1
A. M. Latham, b Bean	0	G. Bowen, b Barker	0
J. Hadath, b Page	2	C. Noon, c Barker, b Jephson	12
R. S. LeMay, not out	2	G. F. Page, c Damian, b Barker	6
B. L. Rose, b Page	0	J. Postlethwaite, not out	10
A. N. Other, run out	0	L. F. K. Way, b Jephson	13
Extras	10	Extras	9
Total	138	Total	99

BOWLING ANALYSIS.

	Overs.	Maidens.	Runs.	Wickets.
G. F. Page	17	2	45	3
W. B. Griffin	6	2	14	0
J. W. Bean	15	0	54	6
J. Postlethwaite	4	0	11	0

ST. BART'S v. VIRGINIA WATER.

Played at Virginia Water on May 13th, resulting in a draw. Our opponents winning the toss on a fast wicket scored 267 for 6 wickets, Havers batting well for 107. For the Hospital J. W. Bean played splendidly for 58 not out, and retrieved a bad start by the Hospital. He made most of his runs by means of a fine off drive. J. M. Smith hit hard for a very useful 40, and G. H. Adam also did well. The fielding was again good, but the bowling was ineffective on the good wicket.

SCORES.

VIRGINIA WATER.

Bishop, ht wkt b Bean	35
Keenan, b Page	5
Street, c Page, b Parkinson..	63
L. Havers, b Gaskell	107
W. J. Hill, b Page	3
E. D. Morgan, not out	26
Blaber, c De Verteuil, b	
Griffin	8
Avies, not out	0
Stinton,	
T. E. Harper, } did not bat.	
Joslin,	

Extras

Total (6 wks.) 267

ST. BART.'S.

J. W. Bean, not out	58
W. B. Griffin, b Keenan	1
G. Viner, b Street	0
P. R. Parkinson, b Street ..	10
J. F. Gaskell, c Blaber, b	
Keenan	3
W. W. Hull, b Keenan	22
J. M. Smith, c Stinton, b	
Havers	40
G. H. Adam, st Stinton, b	
Havers	26
E. de Verteuil, not out	9
C. Noon, } did not bat.	
G. F. Page, }	

Extras

Total (7 wks.) 192

BOWLING ANALYSIS.

Overs. Maidens. Runs. Wickets.

G. F. Page	22	...	3	...	72	...	2
J. W. Bean	21	...	1	...	58	...	1
W. B. Griffin	10	...	3	...	28	...	1
J. F. Gaskell	8	...	0	...	47	...	1
P. R. Parkinson	7	...	1	...	20	...	1
J. M. Smith	6	...	6	...	22	...	0

ST. BART.'S v. ADDESTONE.

Played at Addestone on May 20th, ending in an easy victory for the Hospital by 309 runs. This result was due to some good bowling and excellent batting. J. W. Bean again bowled in his best form, taking 6 wickets for 32 runs, varying his pitch and pace with great skill. In the batting line J. F. Gaskell scored a fine 86, hitting well on the leg side; whilst G. F. Page hit brilliantly for 66, which included fourteen fours. E. de Verteuil (43) and P. R. Parkinson (34) both played well for their runs.

SCORES.

ADDESTONE.

J. C. Adams, b Bean	13
J. G. Fulk, b Bean	4
R. J. Marnham, b Page	9
R. S. Paine, b Bean	8
A. H. Bell, c Way, b Bean ..	28
L. Jeffrey, b Page	8
G. Jinks, b Page	1
N. Horrocks, b Bean	0
G. W. Pratt, c Bean, b Page ..	0
D. W. Horrocks, b Bean	1
W. R. Young, not out	2

Extras

Total

ST. BART.'S.

H. N. Burroughes, b Bell ...	22
J. W. Bean, c Marnham, b	
Jeffrey	20
J. F. Gaskell, c Young, b	
Paine	86
W. B. Griffin, b Horrocks...	28
P. R. Parkinson, c Fulk, b	
Jeffrey	34
J. Postlethwaite, b Adams...	23
E. de Verteuil, b Adams.....	43
C. Noon, c Horrocks, b	
Paine	13
G. F. Page, b Horrocks	66
L. F. K. Way, run out	10
N. G. Horner, not out	9

Extras

Total

BOWLING ANALYSIS.

Overs. Maidens. Runs. Wickets.

G. F. Page	11	3	...	3	...	42	...	4
J. W. Bean	11	...	2	...	32	...	6	

2ND XI.

The 2nd XI have so far played 5 matches, of which 2 have been won, 2 drawn, and 1 lost. The team is generally stronger than of late years, and should have a successful season. There is some variety in the bowling, and if the batting improves as it should do there is no reason why the Junior Hospital Cup should not be won this year. The fixture list is a long one, nearly every Wednesday and Saturday until the middle of July being provided for. The captain is A. J. Symes, and the Hon. Secretary H. Rimington.

ATHLETIC CLUB.

The annual sports will be held at Winchmore Hill on Wednesday, June 14th, and will commence at 2.30 p.m. punctually.

The officials are—

President.—Dr. H. Morley Fletcher.

Captain.—A. L. Candler.

Hon. Sec.—L. F. Way.

Judges.—Mr. W. Bruce Clarke, Dr. Herringham, Mr. H. J. Waring, Dr. Drysdale, Mr. S. R. Scott.

Referee.—Dr. Morley Fletcher.

Starters.—Mr. Bowlby and Mr. Gordon Watson.

Timekeeper.—Mr. P. J. Funnival.

Clerks of the course.—Messrs. Ash, Hogarth, Stone, and Trevor Davies.

Handicappers.—Messrs. Ash, Candler, and Stone.

Mrs. Morley Fletcher has kindly consented to give away the prizes.

The events will be the same as in previous years with the exception that there will be no sack race. The relay races and tug-of-war, as instituted last year, will be continued; and there will be a 120 yards handicap chiefly for those who have not had the opportunity of training. It is expected, however, that men will take the trouble to get fit and practice for their special events so that the Committee may be able to select a thoroughly strong and representative team for the Inter-hospital competition. Entries, which should be made on the notice boards in the smoking room or to the Secretary, close on June 7th.

SWIMMING CLUB.

FIXTURES.

Mon., June 5	Oxford	...	Holborn.
Fri., " 9	Ealing	...	Ealing.
Mon., " 19	H.A.C.	...	Holborn.
" " 26	Richmond	...	Richmond.
Tues., July 4	Hornsey	...	Hornsey.
Wed., " 12	Artists V.R.	...	Marylebone.
Fri., " 14	Ealing	...	Ealing.
Mon., " 17	Hornsey	...	Holborn.

ST. BART.'S v. OXFORD.

Played at Oxford on May 17th. The match ended in a win for the 'Varsity by 3 goals to 2. After commencing the Hospital steadily pressed for the first three minutes, and Beale scored the first goal for us (1-0), but Oxford soon played better together and equalised (1-1). After half-time play was ragged on both sides, but Morris scored for Oxford with a good cross shot (1-2); our men got more together, and Watkins scored after a long swim up the bath (2-2). Finally just before time Fry put Oxford one goal ahead.

For the first match of the season our team gives signs of promise. There is too little passing done at present, but a few matches more should smarten up the play a great deal. Team: H. L. Beale, F. C. Trapnell, H. B. Follit (forwards); J. G. Watkins (half-back); C. F. White, A. Ryland (backs); F. Trewby (goal).

SHOOTING CLUB.

FIRST ROUND ARMITAGE CUP.

Shot Wednesday, May 24th. Bart.'s won by 25 points.

SCORES.

	300		500		600		Total.
A. H. Owen	35	...	27	...	26	...	88
P. Dingle	28	...	28	...	32	...	88
F. Bilderbeck.....	27	...	34	...	27	...	88
F. Nash Worthan.....	30	...	33	...	24	...	87
R. Fuller	25	...	28	...	22	...	75
A. J. Kendrew	18	...	25	...	30	...	73

Grand total ...

Mary's were second..... Total ...

A very good shoot, especially as it was the first. It speaks well for the future, and we ought to make sure of the Cup this year.

The Special Departments.

IN the early days of the last century the study of obstetrics and diseases of women occupied only a minor place in the curriculum of the medical student. In our own Hospital the subject was not entirely neglected, and from time to time lecturers on midwifery were appointed by the Medical Staff, among these may be mentioned Dr. John Clarke and Dr. Gooch, who held the appointment in the early years of the nineteenth century. This arrangement, however, probably proved unsatisfactory, for on August 17th, 1825, the House Committee passed the following resolution :

"To secure to the pupils the benefit of instruction in midwifery in the event of there not being any member of the Medical Board educated in that science and competent to teach it. In such contingency the Committee recommend that an election for the Midwifery Lectureship do take place at the usual court for the election of officers in every year until the necessity for strengthening the Medical School by the talents of strangers shall no longer be necessary by the hospital possessing within itself the competent knowledge and excellence in that branch of the profession as it so eminently is allowed to do in every other."

How long the help of strangers was required and who these strangers were we have not been able to discover, but from February 10th, 1835, there has always been a definite head of the department :

February 10th, 1835.—Dr. Hugh Ley.

April 26th, 1837.—Dr. Rigby (first President of the Obstetrical Society, and author of the well-known work on uterine hæmorrhage).

July 11th, 1848.—Dr. Charles West (a pioneer in the study of diseases of children and the founder of the Great Ormond Street Hospital).

October 8th, 1861.—Dr. Greenhalgh.

September 20th, 1877.—Dr. J. Matthews Duncan, who came to us from Edinburgh and quickly raised the Obstetric School of St. Bartholomew's to a height unknown before.

1890.—Dr. Champneys.

The history of the department and the vicissitudes through which it has passed if exhumed from the records of the Hospital and School would form an interesting chapter in the history of English obstetrics. This, however, we must leave for some future date. At present we content ourselves with a few words about the department as it exists at the present time.

It is unnecessary to enter into the details of the general arrangements. Everyone knows that Dr. Champneys attends in the wards on Mondays, Wednesdays, and Fridays at 2; and Dr. Griffith in the out-patient rooms on Wednesdays and Saturdays at 9.30; and that on all these occasions students of the Hospital and old Bart.'s men are heartily welcome; everybody knows that there is a large extern midwifery department, a clerkship in which is one of the most valuable appointments that a student can hold. Here, for the first time, the student becomes a responsible practitioner of medicine; he must make his own diagnosis and act upon it; for the first time his patient's life is

entirely in his own hands; for the first time he is face to face with grave crises which call for promptness and skill.

A month at Mackenzie's will teach a man more of the practice of his profession and of the problems which the doctor is called upon to solve than can be learnt in any other way. It is a matter of regret that he must go to this work raw and untrained, that he has not been taught how to learn midwifery in the only way in which it is possible to learn it, namely, at the bedside; that he goes to this work knowing nothing of the care and feeding of the new-born child. We are looking forward eagerly and anxiously to the days when we shall possess a lying-in ward in which the student shall receive a short preliminary training before he is called upon to conduct cases himself; but even now the man who does not spend a month at Mackenzie's leaves the Hospital infinitely poorer for the lack of this experience. A lying-in ward is rapidly becoming a necessity for every general hospital with a medical school attached. In the first block of our new buildings accommodation has been provided for the students who are working on the district so that in the future the work can be undertaken amid much more comfortable surroundings than have been possible in the past.

In the Gynæcological Out-Patient Department considerable changes have been brought about by the appointment of clinical assistants; the number of new cases referred to the department every week has become so large that it is absolutely impossible for Dr. Griffith to see the whole of them himself. This difficulty has been met by the appointment of a chief assistant who, acting under the direction of the assistant physician-accoucheur, now sees a certain number of the new cases, and gives clinical demonstrations. In addition clinical assistants have been from time to time appointed for a period of three months, these offices are greatly appreciated by old Bart.'s men who have grown a little rusty in their gynæcology, and by members of the services who have obtained leave for study. At present the department is cramped through lack of room, but when it moves into its new quarters the work in certain directions will be greatly extended.

In the wards the routine has undergone no very great change during the last few years except that, as in other departments of the Hospital, more and more use has been made of the aids to diagnosis which modern pathological research has placed within reach. A new feature has been the appointment of pathological clerks whose duties include that of cutting sections of all tissues removed by operation. This work has proved most valuable, and a series of energetic clerks has rendered it possible to confirm the results of many important researches such as those upon the pathology of the corpus luteum, the embedding of the ovum in the tube, and the nature of ovarian dermoids. All tissues removed, no matter what their nature, are now examined microscopically and a description of the section

written and added to the clinical notes; of the energy and industry of the clerks who have undertaken these duties, it is impossible to speak too highly; in the case of specimens which are of particular interest, or which present points of difficulty it is no uncommon thing for sections to be cut from five or six different parts.

We cannot close this brief review without some reference to the Museum. We are deeply indebted to Dr. Andrewes for two things, for adding a series of most instructive specimens and for giving us a catalogue which is clear and lucid in its arrangements. Some of the specimens recently added are of the very highest value from an educational point of view, and their preparation by the formalin method has preserved the colour in a way which was previously impossible. We would particularly direct attention to the series illustrating degenerative changes in uterine fibro-myomata, to the specimens of solid malignant tumour of the ovary, including one of the very rare solid embryomata and to the specimens of concealed accidental hæmorrhage and placenta prævia.

MIDWIFERY UNDER DIFFICULTIES.

By Dr. J. L. MAXWELL, Tainanfoo, Formosa.



FWAS down in the country about twenty miles away from the city to attend the induction of a native pastor to one of our country churches. I took nothing medical with me, and expected for one day to escape the patients. But I had no sooner arrived at the place than I was asked to see a woman who had been three days in the second stage of labour.

I found a young woman with a very slightly generally contracted pelvis, the head well down, but not moving—in fact, stuck. The woman had a pulse of 140, and a temperature, having no thermometer, I did not know how high. She was certainly pretty bad, and could not have stood it much longer. She had passed no water for more than two days, and the bladder stood up like a football on her abdomen. The child was evidently dead.

Now here was a fix. What was I to do? To send to the city for instruments meant almost certainly that the woman would be dead before they arrived. So I searched round the village and happily found a native Chinese doctor who had two or three very old instruments bought from some foreign shop. My armamenta finally consisted of a large very rusty trochar, a pair of blunt scissors, a pair of dressing forceps, a second pair of forceps, and a teaspoon! Well, there was nothing else for it so I started with the big rusty trochar, and with a preliminary shudder thrust it boldly in over the pubes, withdrawing a good many bowls of urine. Then recollecting Barnes's description of how before forceps were invented pressure was used from above, I got well over the woman and tried squeezing the child out from above—to no purpose, it would not budge an inch; so as the mother was gradually getting worse I stuck the trochar into the head, enlarged the opening with the scissors, and then set to work to pull off pieces of bone with the dressing forceps, a tedious business indeed; finally with the aid of the teaspoon I got most of the brains away, and then got both my pairs of forceps on the scalp of the child and started it moving; after that there was no difficulty, and as the placenta had separated long before there was practically no bleeding.

Naturally I thought there was little chance for the woman, but she did admirably despite some sloughing from pressure by the head remaining so long in the pelvis.

I may say that the room where the patient lay was just big enough for myself and another person to get in as well as the patient herself.

Happily this is a very exceptional sort of case; we do not often have to lack instruments in that way.

From a Patient's Point of View.



AWALKED fra Canning Toun to Bartholomew's 'Ospital an' went in to see one o't doctors. 'E gie'd me a note wie another doctor chap's name on, an' a 'ad to stan' agen a door an' wait while 'e coom. 'E axed me what ailed me, tha knaws. Tow'd 'im was bad at breathing; thought a 'ad a touch on' 'eart. 'E tow'd me to pull off me shirts; then first one young chap an' then another was at me, pummelling me abaat—nobbut boys; they did'nt seem to knaw much abaat it. 'E give me a note to get some medicine wi' and two boxes o' little sweets or summat—nubbott little things, an' I had to suck 'em when pain come on, an' it took it clean away. 'E says be sure an' only take one, if a took three a would be a dead 'un i' no time. So a did what he telt me, an' went agen next week to see anoother big man ca'ad Dr. T—. A 'ad to wait me turn, an' then went in anoother room wi' a lot of young student chaps; a could hav' counted five an' twenty o' them. They all 'ad a go, fust one poking 'is fingers an' then anoother. A was in theer fra' a qua'ter past one to fower o'clock—shutting-up time, a reckon. 'E gied me as much medicine as would last me a fortnight—a pint in each bottle. A thought a should need a donkey an' cart to tak' it 'ome. A 'ad to pay a penny for a jar wie cod-liver oil an' jam, oil were mixed wie jam. Same day, t' ould gentleman axed me, would a like to earn haaf-a-crown. A says "Yes, an' right glad o't," for a 'adn't earned ought for weeks. "A' right," 'e says, "come down on Saturday to St. Patrick's Needle, Savoy Street, qua'ter to two, an' you'll earn haaf-a-crown an' your tea." A went, an' a never seed sich a lot o' young chaps. We've aal got to larn, tha knaws, an' a 'spects they 'ave got ta do same. Theer was an ould gentleman wi' 'em. 'E knew what 'e was abaat—young 'uns didn't. 'E says, "Sound that chap an' tell me what you think o' 'im." T' ould man wouldn't tell 'em onything. Some o' 'em scratches their 'eads an' didn't know any more abaat it than that theer box. T' ould chap kept writing it down on a bit o' paper. A stayed theer, a think, an' 'our or two an' got me haaf-crown an' tea, then walked a' t' way back to Canning Toun. A was a bit short o' breath in t' even'd, tha knaws, an' 'ad ta stop ivery six yards or so.

We take the following from the columns of the *Lancet*:

MEDICAL TITLES.

SIRS,—Is it fair that one man passes an examination in medicine, surgery, and midwifery, and gets L.S.A. only after his name, and another who passes an examination in the same subjects is enabled to put after his name L.R.C.S., L.R.C.P.E., L.F.P.S.G., L.M.?

Yours faithfully, M.R.C.S., L.S.A.

Anatomy Tutor (showing femur).—Now, then, what muscle is inserted here in the digital fossa?

Bright Student (without any hesitation).—Digitalis, sir!

View Day, 1905.

FROM 3 till 6 a.m. on Wednesday, May 10th, Covent Garden Market was alive with Bart's nurses purchasing flowers. Five hours later the clinical clerks found themselves even more superfluous than usual in the medical wards, while the dressers were only tolerated in the surgical wards because there was need of them. Everywhere within the Hospital there was an atmosphere of impending disaster. By these signs it was known that View Day had arrived.

Soon after two o'clock there was a flash of familiar scarlet wheels in the Square, and the watchers round the Fountain said to one another that the Treasurer had surely turned up. Presently the beadle—more imposing than ever—marshalled the Almoners and Governors into line, Lord Ludlow placed himself at their head, and the afternoon's comedy had begun.

It was a beautiful day in honour of the visitors, and whilst the solemn procession slowly twined itself around the bottles and pill machines of the dispensary the humorist was at work in the Fountain, and soon the water in the basin was blue with organic pigments, while the banished goldfish thanked their gods that they were still in the Library filter.

Within the wards the usual ceremonies were observed with the minutest attention to detail. First the awe-inspiring visit of the procession, and the humorous quintette performed by the Treasurer, the Physician, the Matron, the Sister, and the Steward; then the hurried feeding of the patients; and, finally, the storming of the ward by an interminable throng of thirsty visitors.

The decorations were particularly pretty this year. Perhaps the favourite colours were yellow—in harmony with the sunshine outside—and pale pink; but it were idle to try to recall in detail the many beauties of the flowers we saw. The show babies also were exceptionally beautiful, and received if anything more petting than on previous View Days. We understand that they all passed excellent nights, and that beyond a slight headache they were in the best of health next morning. The lady occupants of the most popular cots are reported to have criticised somewhat severely the humble costumes of the mothers who visited them on the following afternoon. It is to be hoped therefore that our guests next year will make a point of wearing the quietest of garments.

The Great Hall, always an attraction, was rendered even more attractive than usual by a large stock of aseptic theatre furniture, presumably being stored there until the British workmen have finished with the old wall-game site. "How nice for the doctors," remarked a young and lovely visitor, "to operate with all those pretty pictures round them—but what a big room!"

The dissecting-rooms hardly seemed as popular as usual with the fair sex this year, but the museum was well patronised, and at six o'clock the upper galleries were pink with interested ward-maids feasting their eyes on pathological dainties.

But the best of good things must come to an end, and the greatest capacities can be exhausted; and, as the sun began to hide his head behind the west block, our own reporter acknowledged defeat at the fourteenth cup of tea, and silently joined the parting throng. View Day was over.

N. G. H.

Reviews.

DISEASES OF THE LIVER, GALL-BLADDER, AND BILE-DUCTS. By H. D. ROLLESTON, M.A., M.D. Cantab., F.R.C.P., Physician to St. George's Hospital. 8vo., 794 pages. With illustrations. Price 25s. London and New York: W. B. Saunders and Co.

Although the literature on the subject of the liver and its diseases is very large, there was no book in the English language which could claim to be an up-to-date or exhaustive treatise. Therefore we were ready to welcome Dr. Rolleston's volume, and we congratulate him most heartily upon the result.

The general plan of the book is good, the common and the rarer diseases are treated with a due sense of proportion, and the size of the volume is kept within very moderate bounds by a judicious use of small type for notes of cases and for disputed points; the illustrations and microphotographs are really first-class, and are for the most part quite original. What has struck us chiefly in reading through the book is the large number of original observations which the author has been enabled to include as the result of his experience of diseases of the liver during the last twelve years, and the laborious conscientiousness with which he has studied the enormous literature of the subject. There are most interesting sections on tight-laced or corset liver, with a dissertation on the much-maligned lobe of Riedel, while the author's remarks and views upon the functional diseases of the liver form a very careful and instructive essay.

The author excels in the hackneyed subject of cirrhosis of the liver to which he devotes 160 pages, every page of which affords most interesting reading, from the various methods of classification to his excellent and original clinical description of the disease and also to his admirable conclusions on its pathogeny.

We can find no fault in the book, and we consider it a most valuable addition to the standard text-books of medicine. We have one suggestion to offer and that is that Dr. Rolleston be prevailed upon to publish a smaller book containing extracts with all his summaries and conclusions. This would be most useful to the bewildered student, who cannot be expected to cope with the present volume as a whole. Treatment sound common sense.

FIRST AID TO THE INJURED AND SICK. An advanced Ambulance Handbook. By F. J. WARWICK, B.A., M.B. Cantab., M.R.C.S., and A. C. TUNSTALL, M.D., F.R.C.S. Ed. 3rd edition. (Bristol: John Wright & Co.) Price 1s. net.

This seems an excellent little handbook for the purpose for which it is intended. The text is concise and simple, and the illustrations, of which there are a great many, are admirably clear. The brief outline of anatomy and physiology at the beginning is sufficiently correct, while the later sections on bandaging and the outlines of minor surgery might well be read by the first-time surgery dresser.

Reviews of the following books have been received but are held over owing to great pressure on space.

The Historical Relations of Medicine and Surgery, Clifford Allbutt. Macmillan & Co.

New Methods of Treatment, by Dr. Laumonier. Translated from the French by H. W. Syers. Archibald Constable & Co.

Elementary Microscopy, F. Shillington Scales. Baillière, Tindall and Cox.

In Watchings Often, Rev. E. E. Holmes. Longmans, Green & Co.

Golden Rules of Medical Practice, Lewis Smith. John Wright & Co.

ST. BARTHOLOMEW'S HOSPITAL REPORTS, VOL. XL, 1904. Edited by A. E. GARROD, M.D. Oxon., F.R.C.P., and W. MCADAM ECCLES, M.S. Lond., F.R.C.S. Price to subscribers 6s., to non-subscribers 8s. 6d. (London: Smith, Elder, and Co.)

Hospital reports are always useful, if only for the sake of occasional reference to the statistics and appendix of cases; and sometimes they contain papers of more than usual interest, and always afford an opportunity for the recording of uncommon cases. This year we find a very interesting paper by Sir Dyce Duckworth on "Misleading or Seemingly Unimportant Symptoms." Rare cases or complications are recorded by Dr. Norman Moore, Dr. Herringham, Dr. Langdon Brown, and Dr. Maxwell, while Dr. Ormerod gives a very instructive account of a case of subacute combined degeneration of the spinal cord. Dr. Garratt's paper on "The Early Sequelæ of Severe Faucial Diphtheria and their treatment" is very original, and is the outcome of a wide experience. With regard to Mr. S. L. O. Young's paper on "Abscess of the Brain," a thesis for the degree of M.B. Cantab., we confess we do not much care for comments—however instructive—upon a series of cases culled from the ward notes—a veritable "stagnant pool." We prefer "to quaff the living stream," or at least to read first-hand experiences.

The surgical papers are all instructive, and consist chiefly of records of cases by Mr. D'Arcy Power, Mr. C. E. West, cases from Mr. Bruce Clarke's wards by L. Noon, B.C., and two unusual cases of appendicitis. In addition there are two original contributions—"On Congenital and Traumatic Cysts of the Brain and Meninges," by L. B. Rawling, F.R.C.S., and "On Tuberculosis of the Female Breast," by S. R. Scott, M.S., F.R.C.S.

For the rest, the contents of this volume of reports are as usual.

St. Bartholomew's Hospital Musical Society.

The following Orchestral Practices will be held in the Great Hall:

Monday, June 19th, 6 p.m.

Monday, " 26th, 5 "

*Wednesday, " 28th, 5 "

*Thursday, " 29th, 5 "

Friday, " " 8 p.m. Concert.

Choral Practices will be held every Monday night at 8.30 p.m. in the Great Hall.

Regular attendance is urgently requested, as it is only by this that efficiency can possibly be attained, and it must be borne in mind that the success of the Concert depends not upon the number of members present at the concert, but upon the regularity of individual members at the Society's practices.

G. H.-H. ALMOND, *Hon. Sec.*

* Full rehearsal.

Correspondence.

To the Editor of the *St. Bartholomew's Hospital Journal*.

FIFTH ANNUAL SOUTH AFRICAN CIVIL SURGEONS DINNER.

SIR,—May I through your columns call attention to the above dinner, which will take place on Tuesday, July 4th, at the Imperial Restaurant, Regent Street, at 8 o'clock, Mr. W. Watson Cheyne, C.B., in the chair. I shall be glad to hear as soon as possible from those wishing to attend.

C. GORDON WATSON.

44, WELBECK STREET, W.
May 24th, 1905.

The Rahere Lodge, No. 2546.



MEETING of the Rahere Lodge, No. 2546, was held at Oddenino's Restaurant, Regent Street, W., on Tuesday, May 16th, W. Bro. J. H. Gilbertson, P.P.G.D. Herts, W.M., being in the chair. Mr. Harold W. Wilson, M.B., and Mr. Alfred J. Weakley, L.R.C.P., M.R.C.S., were unanimously elected and subsequently initiated into Freemasonry, while Bros. Young, Graham-Forbes, Etherington-Smith,

and Coughtrey were advanced a step. A donation of ten guineas to the girls' school was voted, and a grant of ten guineas was made to the widow of the late Tyler, Bro. Humphryes. W. Bro. Samuel West, M.D., was unanimously elected W.M. for the ensuing year, and W. Bro. Clement Godson, M.D., was re-elected Treasurer. The brethren subsequently dined together.

New Preparations, etc.

CHLOROFORM DROP BOTTLE WITH REVERSIBLE STOPPER.

This Drop Bottle with reversible stopper, introduced by Messrs. ARNOLD & SONS, of West Smithfield, has some good points. The coloured glass bottle is certainly good, and is perhaps preferable to the ordinary uncoloured one.



The chief advantage is that when the stopper is reversed it fits the bottle well, and thus keeps the chloroform good. It is made of galalite, a new patent composition which is light in weight and clean. The other end of the stopper, however, does not seem to possess any advantages over the ordinary lead stopper, and there is this disadvantage, that there is no means of estimating how much chloroform is being poured on when the *free flow* occurs, and we do not see the advantage of being able to drop on a minim at a time as happens when the finger is placed on the air-tube.

B.I.M.C. Notes.

Brig. Surg. Lt.-Col. C. E. HARRISON, F.R.C.S., Grenadier Guards, is in charge of the new military hospital for London, which adjoins the Tate Gallery, and Major F. W. BEGGIE is Registrar and Secretary.

Lieut. A. A. MEADEN is reported to be on the sick list at Mhow with typhoid fever. He is stated to be doing well.

Lt.-Col. W. J. BAKER on return from India is posted to the Eastern Command, and Capt. E. E. ELLERY to the Southern Command.

Lt.-Col. F. P. NICHOLS is home on leave from Barbados.

Indian Medical Service.

PROMOTIONS.—Captains to Majors: C. E. Williams, T. A. O. Langston. Lieutenants to Captains: A. E. J. Lister, J. W. McCoy.

Arrivals in England: Lt.-Col. G. S. A. Ranking and Capt. H. B. Meakin on medical certificate.

Lt.-Col. A. J. STURMER has retired from the service.

Capt. S. HUNT has returned to duty.

Lt.-Col. E. CRETIN is granted ten months sick leave.

Lt.-Col. C. P. LUKIS, M.D., F.R.C.S., is appointed Principal and Professor of Medicine, Medical College, Calcutta; and first Physician to the College Hospital.

Lt.-Col. H. HENDLEY is appointed Civil Surgeon at Amritsar.

Examinations.

CONJOINT BOARD.

FIRST EXAMINATION.

Biology.—L. H. Khan, E. M. Browne, S. A. Burn, H. V. Capon, G. O. Chambers, P. D. Vorkovitz, G. E. D. Ellis, H. G. Miller, H. W. M. May, E. L. Sturdee, L. F. K. Way, F. C. Wright.
Chemistry.—L. H. Khan.
Practical pharmacy.—B. N. Ash, J. E. Smith, A. R. Snowden, C. F. Willis, K. Wolferstan.

SECOND EXAMINATION.

Anatomy and physiology.—F. T. Hancock, J. M. Hammond, P. Lang, A. Miles, F. C. Searle.

FINAL EXAMINATION.

Midwifery.—A. K. Armstrong, G. F. S. Bailey, A. Barber, H. Beckton, P. Black, A. R. Bowling, E. T. Glenny, P. Gosse, N. G. Horner, W. H. Jones, G. W. Lloyd, G. Simpson, J. M. Smith, C. F. Stidston, L. Wadia.

Medicine.—B. N. Ash,* E. B. Aylward, J. R. Briscoe, T. W. N. Dunn,* H. E. Graham,* G. Holroyd,* R. Holtby, J. R. Kemp, J. C. Mead,* G. S. Morse, D. A. H. Moses, B. E. Moss, A. M. James,* R. C. P. McDonagh, A. H. Pinder,* H. H. Rolfe,* C. A. Smallhorn, J. R. Trist,* J. G. Watkins, F. E. Whitehead,* A. S. Williams,* A. C. Wroughton.

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Those men with an asterisk (*) after their names have completed the examination, and have received the diplomas of L.R.C.P. and M.R.C.S.

LONDON UNIVERSITY.

B.S. (Honours).—Thomas P. Legg (University Medal).

M.B., B.S. (Pass).—A. M. Amsler, F. P. Baldwin, Capt. W. H. Cazaly, I.M.S.; A. H. John, H. Love, B. E. Moss.

UNIVERSITY OF CAMBRIDGE.

Third M.B., Part II.

The following have now satisfied the examiners in all three sections:—H. S. Dickson, T. W. N. Dunn, T. J. Faulder, G. Holroyd, P. R. Parkinson.

ROYAL COLLEGE OF SURGEONS.

Primary Fellowship.—R. L. Downer, R. S. Townsend, J. E. H. Roberts, A. Levy, C. Clarke.

Final Fellowship.—As in Editorial Notes.

Appointments.

BRIDGES E. CHITTENDEN, M.D., B.S.(Durham), M.R.C.S., L.R.C.P., appointed Honorary Anæsthetist to the Victoria Hospital for Children, Chelsea.

BROWN, C. R. V., M.B.(Lond.), M.R.C.S., L.R.C.P., appointed Senior House Surgeon at the Great Northern Hospital.

FINIGAN, D. O'CONNELL, M.D., M.R.C.S., L.R.C.P., appointed Honorary Assistant Physician to the German Hospital.

HARRISON, EVERARD, M.B.(Cantab.), appointed Resident Medical Officer at the Soho Hospital for Women.

HUTCHENS, H. J., D.S.O., D.P.H.(Oxon.), appointed Demonstrator of Bacteriology at the College of Medicine, Newcastle-on-Tyne.

TRIST, J. R. R., M.R.C.S., L.R.C.P., appointed Assistant House Physician to the Westminster Hospital.

WHITEHEAD, F. E., M.R.C.S., L.R.C.P., appointed House Surgeon to the Huntingdon County Hospital.

New Addresses.

DOBSON, L., 71, Holland Park Avenue, W.
ELLIS, E. S., East London Hospital for Children, Shadwell, E.
HENDLEY, Lt.-Col. Harold, M.D., I.M.S., Amritsar, Punjab, India.

HOWELL, F. M., 46, Wheeler Street, Birmingham.
KLUMPF, E. G., High Street, Wootton Bassett, Wilts.
MACFADYEN, N., Letchworth, near Hitchin.
O'HEA, J., H.M.S. "Vulcan," Mediterranean Station.
PAIN, B. H., Lynvale Villas, Lyncombe, Bath.
PELLIER, C. DE C., The Manor House, Abbotsherswell, near Newton Abbot.

Births.

LLOYD.—On April 30th, 1905, at Hatting Spruit, Natal, the wife of J. Allden Lloyd, M.B.Lond., M.R.C.S., L.R.C.P.Lond., of a daughter (stillborn).

PEARSON.—At Durban, on the 13th April, the wife of Maurice G. Pearson, M.B., B.Sc.(Lond.), F.R.C.S.(Eng.), of a son (stillborn).

WOODBIDGE.—On April 2nd, the wife of E. W. Woodbridge, M.B., of Barnstaple, of a son.

Marriage.

GARDNER-MEDWIN—COODE.—On May 11th, at St. Saviour's Church, Ealing, by the Rev. C. Sharp, M.A., Vicar of Addlestone, assisted by the Rev. R. D. Eves, M.A., Rector of Lyminge, and the Rev. W. Ranger, M.A., Curate in Charge of St. Saviour's, Frank Medwin Gardner-Medwin, B.A., M.R.C.S., L.R.C.P., elder son of the late Joseph Gardner, of Folkestone, to Hilda Louisa Mary, second daughter of Worster Benson Coode, and granddaughter of the late Rev. Canon Jenkins, M.A., of Lyminge, Kent.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C.

The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.

All communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, The Warden's House, St. Bartholomew's Hospital, E.C. Telephone: 4953, Holborn.

A Cover for binding (black cloth boards with lettering and King Henry VIII Gateway in gilt) can be obtained (price 1s. post free) from MESSRS. ADLARD AND SON, Bartholomew Close. MESSRS. ADLARD have arranged to do the binding, with cut and sprinkled edges, at a cost of 1s. 6d., or carriage paid 2s. 3d.—cover included.